

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2134AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2009
NAME OF PROVIDER OR SUPPLIER HERITAGE SPRINGS		STREET ADDRESS, CITY, STATE, ZIP CODE 8720 W. FLAMINGO ROAD LAS VEGAS, NV 89147		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/13/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 100 Residential Facility for Group beds for elderly and disabled persons, Category II residents and 27 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 83. Twenty resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B. The following deficiencies were identified:	Y 000		
Y 020 SS=C	449.190(1)(a)-(e) Contents of License-Administrator's Name NAC 449.190 1. A license to operate a residential facility must include: (a) The name of the administrator of the facility. (b) The name and address of the facility; (c) The type of facility; (d) The maximum number of residents authorized to reside at the facility; and (e) The category of residents who may reside at	Y 020		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 223	Continued From page 2	Y 223		
Y 255 SS=C	<p>Severity: 2 Scope: 1</p> <p>449.217(6)(a)(b) Permits - Comply with NAC 446</p> <p>NAC 449.217</p> <p>6. A residential facility with more than 10 residents must:</p> <p>(a) Comply with the standards prescribed in chapter 446 of NAC.</p> <p>(b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p> <p>This Regulation is not met as evidenced by:</p> <p>Raw beef patties were stored in the same container as cheese and cooked ham in the reach-in refrigerated drawer on the cook's line, such that raw food of animal origin could potentially contaminate ready-to-eat food.</p> <p>Containers of dry food, specifically sugar, flour, and rice were uncovered in the dry storage room, which may result in contamination of these food products. Some of the containers of dry food were not properly labeled in the dry storage room.</p> <p>A styrofoam cup was being used as a scoop for the dry cake mix, and the cup was left in the cake mix, instead of using a proper scoop with a handle that would limit possible contamination of</p>	Y 255		

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Y 255	Continued From page 3 the food product. The cutting board on the cook's line was no longer smooth and easily cleanable. One light bulb in the exhaust hood was burned out and another light was missing its light shield. The mop used to mop the kitchen floors was stored in the kitchen instead of being rinsed and properly stored in the janitor's room to dry. The mixer, shelves over the food prep table, and the vents at the bottom of the microwave were soiled with food particles. Severity: 1 Scope: 3	Y 255			
Y 434 SS=F	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on record review on 5/13/09, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for 6 of 12 months (May, June, July, August, October, 208 and January 2009); the facility's emergency plan did not include direction to staff to remove door stops from doors with automatic closing devices; and the exit signs located by room #257 and the soiled linen room did not work.	Y 434			

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Y 434	Continued From page 4 Severity: 2 Scope: 3	Y 434			
Y 444 SS=C	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review on 5/13/09, the facility did not ensure smoke detectors monitoring data was available for review at the facility for 12 out of the past 12 months (May 2008 to April 2009). Severity: 1 Scope: 3	Y 444			
Y 876 SS=D	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on interview and record review on 5/13/09, the facility failed to ensure that 1 of 5 caregivers had completed the required medication management training (Employee #10).	Y 876			

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Y 876	Continued From page 5 Severity: 2 Scope: 1	Y 876			

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